## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

FC:1501 1400.00 DA FC:1504 300.00 DA FC:1504 300.00 DA FC:1504 300.00 DA  APPLICATION NO. FILING DATE ADEM FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/881,012 06/13/2001 Edward I. Ginns 015280-248120US 8624  TITLE OF INVENTION: SUSCEPTABILITY AND RESISTANCE GENES FOR BIPOLAR AFFECTIVE DISORDER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO ST330 5300 51630 12/27/2004  EXAMINER ART UNIT CLASS-SUBCLASS  GOLDBERG, JEANINE ANNE 1634 435-006000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 Ann S. Hobbs, Ph.		E ADDRESS (Note: Use Block 1 for 590 09/27/2004	any change of address)		Fee(s) Transmittal. 7 papers. Each addition	of mailing can only be used for this certificate cannot be used and paper, such as an assignmate of mailing or transmission.	for any other accompanying nent or formal drawing, mu
APPLICATION NO.   FILING DATE	1201 NEW YORK SUITE 1000	AVE, N.W.	IPE	, LLP	I hereby certify that States Postal Service addressed to the M transmitted to the Us	certificate of Mailing or Tran this Fec(s) Transmittal is being the with sufficient postage for fi ail Stop ISSUE FEE address SPTO (703) 746-4000, on the	asmission  ng deposited with the Unite  rst class mail in an envelop  s above, or being facsimi  date indicated below.
APPLICATION NO. FILING DATE PADEMN FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/881,012 06/13/2001 Edward I. Ginns 015280-248128US 8624  TITLE OF INVENTION: SUSCEPTABILITY AND RESISTANCE GENES FOR BIPOLAR AFFECTIVE DISORDER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nooprovisional NO 91374 5 3300 \$ 31550 12/27/2004  EXAMINER ART UNIT CLASS-SUBCLASS GOLDBERG, JEANINE ANNE 1634 435-006000  L. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CTR 1.363). The control of the contr	1/2004° CNGUYEN1° 00000						(Depositor's name
99/881,012 06/13/2001 Edward I. Ginns 015280-248120US 8624  TITLE OF INVENTION: SUSCEPTABILITY AND RESISTANCE GENES FOR BIPOLAR AFFECTIVE DISORDER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE 12/27/2004  EXAMINER ART UNIT CLASS-SUBCLASS  GOLDBERG, JEANINE ANNE 1534 435-006000  Change of correspondence address or indication of "Fee Address" (37 CFR_1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication form PTO/SB/122) attached.  "Fee Address" indication form PTO/SB/122) attached.  "Fee Address" indication form 2 required.  Address from PTO/SB/122) attached.  "Fee Address" indication form 2 required.  Address from PTO/SB/122) attached.  "Fee Address" indication form 2 required.  Address from PTO/SB/122 attached.  "Fee Address" indication form 2 required.  Address from PTO/SB/123 attached.  "Fee Address" indication form 2 required.  Address from PTO/SB/122 attached.  "The Address indication of "Fee Address" indication form 2 required patent attorneys or agents SR alternatively.  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents. If no name is 1 registered p		ÑΗ 3	2 7 2004		·		(Signature
9/881,012 06/13/2001 Edward I. Ginns 015280-248120US 8624  TITLE OF INVENTION: SUSCEPTABILITY AND RESISTANCE GENES FOR BIPOLAR AFFECTIVE DISORDER  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO ST378 5300 51650 12/27/2004  EXAMINER ART UNIT CLASS-SUBCLASS  GOLDBERG, JEANINE ANNE 1634 435-006000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  O'Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address indication for "Fee Address" Indication form PTO/SB/122) attached.  "Ann S. Hobbs, Ph. Set Hobbs, Ph.	APPLICATION NO.	FILING DATE	PADEMARK	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO STATE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID	09/881,012			Edward	I I. Ginns	015280-248120US	8624
SAMINER   SAMI	TITLE OF INVENTION: S	USCEPTABILITY AND RE	SISTANCE GEN	es for bip	OLAR AFFECTIVE DISORL	JER	
EXAMINER  ART UNIT  CLASS-SUBCLASS  GOLDBERG, JEANINE ANNE  1634  1634  435-006000  1. Change of correspondence address or indication of "Fee Address" (37 CFR J.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.    "Fee Address indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Miami, Florida  The Government of the U.S. of America as represented by the Secretary of Health and Human Services Rockville, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity of Government of the Copies  4a. The following fee(s) are enclosed:    Advance Order - # of Copies	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
GOLDBERG, JEANINE ANNE  1634  435-006000  1. Change of correspondence address or indication of "Fee Address" (37 CFR ]_363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  University of Miami  The Government of the U.S. of America as represented by the Secretary of Health and Human Services Rockville, Maryland as represented by the Secretary of Health and Human Services Rockville, Maryland as represented of the patent on the patent):  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  4c. Change in Entity Status (from status indicated above)  4c. Change in Entity Status (from status indicated above)  4c. Change in Entity Status (from status indicated above)  4c. Change in Entity Status (from status indicated above)  4c. Change in Entity Status (from status indicated above)  4c. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	nonprovisional	NO					12/27/2004
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 steed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Miami, Florida  The Government of the U.S. of America as represented by the Secretary of Health and Human Services Rockville, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity of Government of Copies  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment poposit Account Number 22 20201  b. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	EXAM	AINER	ART UN	IT			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Wiami, Florida  The Government of the U.S. of America  as represented by the Secretary of Health and Human Services Rockville, Maryland  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity of Government of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is encl	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			or agents (2) the na registered 2 register listed, no	he names of up to 3 registered patent attorneys tents OR, alternatively, he name of a single firm (having as a member a tered attorney or agent) and the names of up to pistered patent attorneys or agents. If no name is 1, no name will be printed.  Ann S. Hobbs, Ph. I are Name of the Name of th		
University of Miami The Government of the U.S. of America as represented by the Secretary of Health and Human Services Rockville, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the following fee(s) are enclosed:  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpaymen peposit Account Number 22-0261  5. Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified ben 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assi e for filing an assignment.		document has been filed f
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpaymen peposit Account Number 22-0261 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  Advance Order - # of Copies  Deposit Account Number 22-0261 (enclose an extra copy of this form).	University of	Miami	M of America	iami, l	Florida		Maryland roup entity Governme
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	_ ```	enclosed:	41		``	enclosed.	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	Advance Order - # o	f Copies		The Dir	rector is hereby authorized by count Number 22-026	charge the required fee(s), or (enclose an extra	r credit any overpayment, copy of this form).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.	a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.				
	The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss publication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if a d from anyon Office.	my) or to re-apply any previous ne other than the applicant; a re	usly paid issue fee to the applic egistered attorney or agent; or t	eation identified above, the assignee or other party

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Registration No.

Typed or printed name

Ann S. Hobbs, Ph.D.